

LSA AMENDMENT FORM

LSA Effective Date: ____/____/____

Federal Tax ID#: _____

Law Firm Name: _____

Branch Office Location: _____

(Each office of a multiple office firm must complete a separate amendment.)

Please make appropriate changes to Firm Name, Address, Telephone Number, Fax Number, and Contact Attorney below:

New Federal Tax ID#: _____

(Structural changes that result in a new tax ID number may require a new application and a new LSA, see *Outside Counsel Deskbook*.)

New Firm Name: _____

New Address: _____

City, State: _____, _____ **Zip:** _____

New Contact Attorney: _____

New Telephone Number: (____) _____ **New Fax Number:** (____) _____ **E-Mail Address:** _____

ADD (A) or DELETE (D)	BILLABLE INDIVIDUAL (First, Middle, Last, Suffix) <i>Alphabetical Order</i>	STATE LICENSES	POSITION Partner (P) Associate (A) Para- Professional (PP) Specify Other Position (O)	YEARS IN PRACTICE	MINORITY STATUS Asian American (A), Black American (B), Hispanic American (H), Native American Indian (N)	GENDER M or F	STANDARD RATE	PERCENT % DISCOUNT	PROPOSED FDIC RATE

Attach Continuation Sheet(s) If Necessary

SUBMITTED BY: _____

(Signature of Firm's Authorized Representative)

(Title)

Date: ____/____/____

FDIC DELEGATED APPROVAL: _____

(Name)

(Title)

Date: ____/____/____

(Signature)

(Office)

Effective Date: ____/____/____

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Continuation Sheet

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[illegible]**Attach Continuation Sheet(s) If Necessary**